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	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax/Hand to	Owner/Wksp		
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Owner / Driver: (	31 9600X		Tcl:	)	2101101111
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

<b>公司的</b> 是1000000000000000000000000000000000000	ACCIDENT STATEMENT			
Date Of Report	10/06/2020 10:21			
Date Of Accident	09/06/2020 11:30			
Exact Location Of Accident	AT THE OPEN SPACE CARPARK OF B CENTRAL			
Country/State of Loss	SINGAPORE			
A CARLON CONTRACTOR OF CONTRAC	ETAILS OF OWN VEHICLE			
Vehicle Registration Number	GBF4780A			
Insured/Policyholder				
Name Of Registered Owner	SOIL-BUILD (PTE) LTD			
Co Reg No	S			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-82881811			
Vehicle Particulars				
Manufacturer	TOYOTA			
Model	DYNA			
Exact Purpose for which vehicle was being used at time of accident	WORK			
Are you claiming under your own insurance policy for repair to your vehicle?	NO			
If No, Please state action to be taken	REPORTING ONLY			
Vehicle Category	COMMERCIAL VEHICLE			
Insurance Company				
Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	AVCPSB0093651901			
Cover Note Number				
Driver				
Name of Driver	EE CHAI SOON			
NRIC No	SXXXX210A			
Date Of Birth	28/07/1955			
Occupation	OUTDOOR			
Date Of Driving Pass	24/06/1974			
Driving Experience	45 YEARS AND 11 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-82881811			
Fax Number				
Contact Number				

NOEMAIL

Address

BLK 45 BENDEMEER RD #12-1451

Postcode

330045

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

\*

General Information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident 2

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJP3600X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KHOO MIN KWEE

NRIC/Passport Number

SXXXX926D 82225798

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4) The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the police for investigation.
- 6) The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies
  of the report being made available aforesaid.
- 8) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

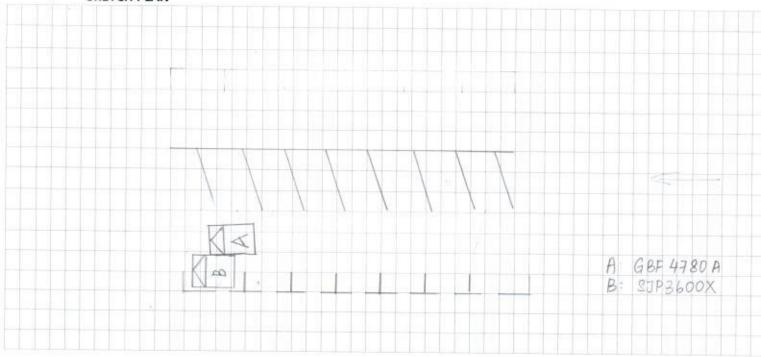
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
  - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (II) Investigations the accident and/or my claims;
  - (III) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (IV) Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelops/mail packages); and/or
  - (V) Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/law firms, may/are permitted to collect, use, disclose and/or process my personal information for one or more of the above purposes; and
- (c) My personal information may/can be disclosed by any of the insurer and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above purposes.
- (d) My personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) The information so collected under (d) above may be shared / disclosed:
  - (I) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

O TELLA

Policy holder's signature Date / time: Driver's signature

Driver's signature (if driver is not policy holder) Date / time: A

reporting centre personnel's Signature Date / time:



	DESCRIBE CIRCUMSTANCES OF THE ACCIDENT																
		1	W	as	ex	citina	9	the	car	park	at	B -	Centra	11.	While.	exiti	ng,
1	a	ccid	len-	tall	y	hīŧ	y.	onto	the	right	sid	е ро	rtion	of	vehicle	В	which
wa	IS	st	atio	na	ry	p	ar	ked	at	the	car	park	lot.				
				711													

## DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time:



reporting centre personnel's Signature NRIC/FIN No.:



CHARGETAL VEHICLE (SCH 1)

# CERTIFICATE OF INSURANCE

THE MOTOR VEHICLES (THRO PARTY RISKS AND CORPORATION) ACT (CAR 189) OF THE REPUBLIC OF SINGAPORE THE ROAD TRANSPORT ACT INT OF MALARMA

R 53 8427501 Cov. Type: C XIVE PRICE

M2300/C

THE ACRESMENT SETWIEN THE PRINCIPLE FOR TRIANICE (INCAPORE) AND THE POSICION SCHOOL SEPERATOR ENGAPORE DATED IS TRIALIBRE FOR THE ACRESMENT SETWIEN THE PRINCIPLE OF TRANSPORT (MALAISIA) AND THE POSICION RECIPLES SURFAL OF WEST PALAISIA DATED IS JANUARY 1948. ANY SUBSEQUENT REVISIONS TO THE AROUS ACTS AND AGREEMENTS.

CERTIFICATE No.

AVCPORMODERASISSI

Charo JTFATJSY808207105

1. Index Mark and Registration Number of Vehicle

CBF 4785 A

2. Name of Policyholder

SOIL-BOILD (PTE) LTD

3. Effective Date of Commencement of Insurance 14 November 2015 for the purposes of the Ordinance

13 Movember 2020

4. Date of Expiry of Insurance

Fersons or Classes of Persons entitled to drive" (For certificate references MXI and MX4, see greatean) ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION

Provided that the person driving is permitted in accordance with the lucining or other laws or regulations to drive the Hiptor Venicle or has been as permitted and is not dequalified by order of a Court of Live or by reason of any enactment or regulation in that behalf from triving the Mosor Venicle

And extended further that the Motor Vehicle is registered under the Road Traffic Act and its registration, under the Road Traffic Act has not seen carcelled at the time of the accident loss or damage.

- 6. Limitations as to Use" (For certificate reference MX1, see overlear)
  - A. USE IN CONNECTION WITH THE FOLICYMOLDER'S BUTINESS
  - 5. HOE FOR THE CARRIAGE OF PASSEMBERS (OTHER THAN FOR HIRE OR REMARD) IN CONNECTION WITH THE POLICYMOLDER S MUNICIPALIS
  - C. 188 FOR SOCIAL DOMESTIC AND PLEASURE PURPOSES

THE PULLTY DOES NOT COVER

- 1. HER FOR MIRE OR REMARD OR FOR RACING, PACE-MAKING, RELYABILITY TRIAL OR SPEED-TESTING.
- 2. USE MRILEY DEANISE A TRAILER EXCEPT THE TORING OF ANY ONE DISABLED MECHANICALLY PROPELLED VERTICLE

Estimated Value

MARKET VALUE WITH COS/FART

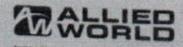
Have Purchase Owner :

Type of Cover

: Comprehensive

Directions recognize properative by Section 79 of the Post Traffic Onlinence 1956 (Hallerina) or Section 7 of the Motor Vehicle (Third-Party Richs and Companies Codewice 1968 (Republic of Singapore) are not to be included under the headings

AVAILABILITY CONTRY that the policy to which this certificate relates in named in accordance with the provinces of Part IV of the Final Transmission (Act (Chapter 187) (Republic of Segapore)



### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	
09/06/2020	(DD/MM/YY)
1130	(HH:MM)
At the open space car park of B-Central	
	09/06/2020 1130

	DETAILS OF VEHICLE
Vehicle registration number	GBF 4780 A
Vehicle make and model	Toyota Dung
Type of vehicle	Saloon   MPV   CRV   Van   Lorry   Bus   Motorcycle   Others:
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes \( \text{No} \( \text{Door if no, please select:} \) Third part claim \( \text{Door Reporting only } \)

	INSURANCE IN	FORMATION	
Insurance company	Allied World		
Policy number			
Type of policy	Comprehensive	Third party fire & theft $\square$	TP only

	INSURED / POLICY HOLDER	THE REPORT OF THE PARTY.	
Name	Soil-Build (Pte) Ltd	Male □	Female
NRIC / Fin / Passport number			
Contact			
Address			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)					
Name	Ee Chai Soon	Male 🗹	Female			
NRIC / Fin / Passport number	S 1175210 A					
Contact	8288 1811					
Address	BIK 45 Bendemeer Road #12-1451	S(3300 45)				
Email address						
Date of birth	28/07/1955					
Occupation	Indoor  Outdoor					
Driving date pass	24/06/1974					

A4. 15 一个有多思。	GENERAL	INFORMATION	OF THE ACCIDENT	TO THE SECTION OF THE
Was driver an employee of	Yes 🗆	No 🗆	OF THE ACCIDENT	与社会中心的特殊。 1911年1月1日 - 1911年1月1日 - 1911年1日
the insured's company?	CHARLES AND AND ADDRESS OF THE PARTY OF THE		driver and insured:	
Accident captured by camera?		No D	diver and modica.	
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry	Wet 🗆	Others.	
No of passenger	01	Wet		//palcalia of district
140 of passenger	01			(Inclusive of driver)
A CANAL SERVICE SERVIC		PASSENGE	R 1	all the second second second
Name	NAME OF TAXABLE PARTY.		Manufacture VI Telephone Ministration (E. J. A. Co.)	A STATE OF THE PARTY OF THE PAR
Gender	Male 🗆	Female		
	1.000			
		PASSENGE	R 2	
Name				
Gender	Male 🗆	Female		
Market Market Service And Principles	OF THE STATE OF	PASSENGE	R 3	<b>是一种一种基础的</b>
Name				
Gender	Male 🗆	Female		
AND THE STATE OF T		PASSENGE	R 4	
Name			AND MANAGEMENT STREET,	
Gender	Male 🗆	Female		
-/	1,11111			
PARTY PROPERTY AND ADMINISTRA	<b>表外的产品</b> 。	PASSENGE	C C C C C C C C C C C C C C C C C C C	
Name	STATISTICAL SOUR	TASSENGE		
Gender	Male 🗆	Female		
	TVIGIC E	remaie B		
	4. 排水产品的有	PASSENGE		
Name	SASSING MOS	PASSENGE		KING SERVICES SERVICES
Gender	Male 🗆	Female		
Centre	IVIAIC L	remale 🗆		
		OTHER INFORM	ATION	<b>地域是其他,不可以自己的基础是是,他们</b>
Was anybody injured?	Yes 🗆	No Ø	AIION	CONTRACTOR OF STREET
Was other vehicle damaged?	Yes 🗗	No 🗆		
vvas otner venicie damaged:	Testy	NO L		
	DETAIL	S OF POLICE STA	TION ACTION	The second of the second of the second
Reported to police?	Yes 🗆	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	s, please state which p	olice station
Police station name		ii ye	o, pieuse state willen p	once station.
	SERVER KASILAN	WITNESS		Entra de Maria Para de La Companya d
Name	A CHARLES	WITHESS		
Traille !				
CONTRACTOR OF STREET	a Stolenson	WITNESS		
Name		WITNESS	4 Company of the Comp	STATE OF THE PARTY OF THE PARTY.

	THIRD PARTY VEHICLE 1
Vehicle registration number	SJP 3600X
Vehicle make model	
Name	Khoo Min Kwee
NRIC / Fin / Passport number	S 8781926 D
Contact	8272 5798

THIRD PARTY VEHICLE 2					
Vehicle registration number					
Vehicle make model					
Name					
NRIC / Fin / Passport number					
Contact					

THIRD PARTY VEHICLE 3					
Vehicle registration number					
Vehicle make model					
Name					
NRIC / Fin / Passport number					
Contact					

THIRD PARTY VEHICLE 4				
Vehicle registration number				
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

THIRD PARTY VEHICLE 5				
Vehicle registration number				
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

<b>"我不是不是我们的一个人,不是不是</b>	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

		INJURED PERSO	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
<b>在</b> 的人,这种人,多种人可是的位置。		INJURED PERSO	N 2
Name	A COMPANY OF THE PARTY OF THE P		
Injuries sustained			/
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	20.000.000		
The Section of the Control of the Co		INJURED PERSO	N 3
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆 /	
hospital by ambulance?			
		INJURED PERSO	N 4
Name	MANUAL PROPERTY AND ADDRESS OF THE PARTY AND A	Commission for the base of the Book started	
Injuries sustained		1	
Which vehicle person in?			
	Yes 🗆	No 🗆	
Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No 🗆	
Were seat belts worn? Was injured conveyed to			
Were seat belts worn? Was injured conveyed to		No 🗆	N 5
Were seat belts worn? Was injured conveyed to hospital by ambulance?			N 5
Were seat belts worn? Was injured conveyed to hospital by ambulance? Name		No 🗆	N 5
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained		No 🗆	N 5
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?		No 🗆	N 5
Were seat belts worn? Was injured conveyed to	Yes 🗆	No  INJURED PERSO	N 5
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes   Yes	No  INJURED PERSO  No	N 5
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   Yes	No  INJURED PERSO  No	N 5
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   Yes	No  INJURED PERSO  No  No  No	
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes   Yes	No  INJURED PERSO  No	
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes   Yes	No  INJURED PERSO  No  No  No	
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes   Yes	No  INJURED PERSO  No  No  No	
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes - Yes -	No   INJURED PERSO	
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes   Yes	No  INJURED PERSO  No  No  No	